1: Radcliffe-Brown E-5 (1906-1908)1922
AZ2 Andamans AZ2

844 Her legs are flexed so that her knees may be clasped by her arms. The only manipulation is pressure exerted on the upper part of the abdomen by one of the attendant women. The umbilical cord is severed with a knife, formerly of cane or bamboo, but in these days of iron. The after-birth is buried in the jungle. The infant is washed and then scraped with a *Cyrena* shell. After a few days he (or she) is given a coating of clay (*odu*).

[846]

844 775 If a baby dies and within a year or two the mother again becomes pregnant, it is said that it is the same baby born again, and the name of the deceased child is given to it. Thus one woman had three children of the same name, the first two having died soon after birth. According to the native ideas this was really the same child born three times. It is only those who die in infancy that are thus reincarnated.

843 In the Northern tribes it is believed that a woman can tell the sex of her unborn child. If she feels it on the left side it is a male, because men hold the bow (the typical masculine implement) in the left hand. If she feels it on the right side it is a female, because it is in her right hand that a woman holds her fishing net.

842 A married man who is childless and desires a child will wear a *čiba* (sling of bark used for carrying children) round his shoulders when he is sitting in camp. The *čiba* and the way it is used for carrying children may be seen in the photograph in Plate XIV. If a childless woman wishes to have a child she may catch, cook and eat a certain species of small frog.

842 775 At a place called *Tomnuket* in the North Andaman there is a spot to which it is said that women may resort if they wish to become pregnant. On the reef at this spot there are a large number of stones which, according to the legend, were once little children. The woman who desires a child walks out on to the reef when the tide is low and stands upon these stones. It is believed that one of the baby souls will enter her body and become incarnate[1].

[1] I could not obtain any definite legend about these stones, but one informant said that when *Biliku* got angry and destroyed the world (see later, Chap. IV) the children all became stones at this place.

1: Radcliffe-Brown E-5 (1906-1908)1922
AZ2 Andamans AZ2

In the North Andaman there is some sort of association between the unborn souls of babies, the green pigeon and the *Ficus laccifera* tree. The same name, *Reyko*, is used to denote both the green pigeon and also the *Ficus laccifera*, of the fruit of which the pigeon is very fond. The belief of the natives is sometimes stated by saying that the souls of unborn children live in the *Ficus* trees, and that if a baby dies before it has been weaned its soul goes back to the tree. Another statement of the natives is that it is when the green pigeon is calling that the soul of a baby goes into its mother. The *Ficus* is to a certain extent tabu. I was told that the tree must not be cut or damaged. Nevertheless the natives do cut the tree in order to obtain the bark of the aerial roots from which they prepare a fibre that they use for making personal ornaments. There is no tabu in connection with the green pigeon, which may be killed and eaten.

In most primitive societies, if not in all, there are ritual or ceremonial observances in connection with the change by which a boy or girl becomes a man or woman. The ceremonies that are performed to mark this change are commonly spoken of in ethnological literature as "initiation ceremonies." The term is not perhaps the best that could be chosen, but usage has rendered it familiar.

The life of an Andaman Islander is divided into three well-marked periods, corresponding roughly with the physiological periods of childhood, adolescence, and maturity. The first period lasts from birth till about the advent of puberty; the second lasts from puberty till after marriage; the third extends from marriage to death.

During the period of childhood the boy or girl lives with his or her parents, or, in the later years of the period, with adopted parents, having a place in the family hut and a share in the family meal. A girl continues to live with her parents or with her adopted parents until she marries. When boys have finished growing, and have reached the condition of young men, they cease to live with their parents or adopted parents and, until they are married, they occupy a bachelors' hut of their own, and have their own meal.

2: Man G-5 (1869-1880)1932 AZ2 Andamans AZ2

not at the hands of their mothers, but of the male members of the tribe.

Reproduction.—1. Marriages never take place till both parties have attained maturity, and generally not till a few years later; the usual age of the bridegroom varies from 18 to 22, and of the bride from 16 to 20. The result of inquiries tends to show that there is a slight predominance of female over male births; three or four is the average number of children born of the same parents. The largest family known consisted of six, three only of whom attained maturity.[1]

2. Twins are rare, and as no instance can be recalled of both surviving infancy, notwithstanding all possible care being bestowed on them, they are not favourably regarded. No case of triplets has been known to occur. Births out of wedlock are considered discreditable, and in the one known instance of the kind, the parents were married immediately after the event; no difference was made in the treatment which the child received.[2]

3. The limited fecundity of the women may in some measure be due to the circumstance that they never wean their babies, so long as they are able to suckle them, and it not unfrequently happens that the two youngest children are seen together at their mother's breast.[3]

4. The ill success in rearing their offspring is doubtless owing in most part to the injudicious management and petting which each of the mother's friends considers right to bestow on the infant. It is looked upon as a compliment for every woman who may be nursing, to relieve the mother of this duty at frequent intervals; it is, therefore, no matter of surprise that the little one ails and dies.

5. The proportion of deaths from violence and accident, is believed to amount to four or five per cent.

6. Barrenness is rare, as are also cases of stillborn children. No drugs or other contrivances are employed in order to increase or limit reproduction.

Abnormalities.—1. Excessive development of fat about the gluteal region is frequently observable among the adult women.

[1] It is said that more children are born during the rains than at any other season of the year.

[2] *Vide post* "Marriage," paragraph 5.

[3] On this subject Dr. Brander remarks as follows:—

"They mostly possess considerable mammary development, and the glands in many cases seem to be in a chronic state of functional activity. This may be due to the late period to which they suckle their young (even to three or four years), or to another purpose to which the milk is applied. . . ." (*vide post*, "Shaving.") [As will be seen from Plate II. fig. 1, the mammæ are periform rather than spherical: with the advance of years they become flaccid and elongated.]

6: Cipriani E-5 (1951-1953)1961 AZ2 Andamans AZ2
Onge

841 resembling these practices in any other part of the world. Never hitherto
171 described, they should be carefully considered. This would require a lengthy description, for which there is no space here. We may recall that menstruating Onge women are allowed to circulate freely at all times. An interesting detail
[751] is that the *naquinêghê* of first menstruations are worn by relations around their
841 neck as having health-giving properties. The women, as we know, use special
[824] soft, long leaves, collected for them by their husbands, as absorbents. They are the leaves of Myristica longifolia or of Tretanthera lanceofolia both species serving the purpose. They are applied under the *naquinêghê* and drawn back between the legs to be secured above the buttocks. – Sexual intercourse is
[834] forbidden during the menstrual period even by the Onge : illness – a swelling
[753] of the arms or legs – would follow. A curious theory about the reason for menstruation in very young girls is that it is a result of previous sexual contacts
882 stimulated by nose rubbing – the Onge substitute for kissing. They ignore the unhygienic practice of kissing with the lips, and never even kiss their children. Only nose rubbing is practiced. The anatomical structure of the Onge nose, which almost totally lacks nasal bones and is very fleshy, may explain this transference of sensation from nearby regions, i. e. the lips.

844 Births take place in the forest and are surrounded by no hygienic precautions or disinfection as conceived by us. Clay is applied to stem puerperal bleeding, without provoking infection. The only assistant is the pregnant woman's husband, and sometimes one or two old women. Their ability equals that of a herdsman delivering his goat of a kid. No inconvenience arises, in either instance, from lack of precautions. – The tiny, tender and graceful bodies
[751] of Onge infants are smeared with ochre and light-coloured clay for hygienic purposes. This is done immediately after birth, and affords some protection against the teeming legions of mosquitos and ticks that plague Little Andaman. The infant is never washed in water, not even at the very moment of birth. The placenta is buried 30 or 40 cms deep, under the bed of naked branches upon which the mother delivered her baby.

842 An argument that deserves much attention concerns the possible link
143 between lack of hygiene and sterility among the Onge. A vast number of married couples have no offspring, thereby threatening their group with extinction. Consanguinity could be given as a cause : let us examine it. No doubt the Onge are related to each other as a consequence of long interbreeding in their island with no foreigners admitted. These conditions afford an ideal field for studying the effects of endogamy on man. Nowhere in the world, as far as I know, are a people so isolated as in Little Andaman. Inbreeding has existed at 100 % ever since remote times. In other words, the Onge would seem to be the most highly inbred human population known up to the present. Could this fact alone, aside from unhealthy habits, explain their present widespread sterility ? Special
174 studies on the subject should be undertaken, keeping in mind that the Onge have certainly inhabited Little Andaman for thousands of years, on the evidence of my excavations in their kitchen-middens.

6: Cipriani E-5 (1951-1953)1961 AZ2 Andamans AZ2
Onge

Endogamous life, or the habit of never washing even the female genital organs, cannot be the only cause of Andamanese sterility. Alcohol and venereal diseases such as syphilis may only be a complementary cause. The Onge's limited fertility probably derives from other factors besides their protracted and increasingly strict endogamy.

We can only remark that Onge women rarely become pregnant before 28; their fertility ceases around the age of 48. The high rate of sterility among Onge women after marriage (which generally takes place at the age of 14) is puzzling indeed. Of several childless couples that I studied in Little Andaman, the woman was under 28. There is hope of fertility after that age. It could so happen, for instance, in the case of two young Onge chiefs, Okkeggi and Chendubai, married to two sisters among the most beautiful and flourishing girls on the island: Ooaghĕghĕ and Tocooaghĕghĕ, both around 20. They never became pregnant, although menstruation was normal and they had plenty of sexual intercourse, even extra-marital.

The delayed appearance of fertility in Andamanese women is probably connected with a general biological condition fostered by unhygienic habits. For instance: young Onge females have a high vagina acidity content that is certainly harmful to spermatozoa. It decreases with age, facilitating, we may suppose, fecundation. Vaginal washing would help, but the Onge women never recur to it. But this is only one side of the question. It is evidently urgent to do whatever is necessary to save the Onge from extinction. We must remember that civilized nations, through international agreements, are anxious to protect plant and animal species from disappearance. The same should be done for man, and equivalent international laws are needed. The Onge as a human group are on the verge of extinction; but they still retain enough vitality to be rescued before they finally vanish into eternity.

Without enlarging here on the disorders of Onge sexual life and their dire effects also on the number of births, I wish to point out one more fact: Onge homosexuality as a normal occurrence. It is a plague in Little Andaman, helped by the regular physiological functions of both extremities of the digestive tube. The sexual tendencies that prevail in Little Andaman are a strong criticism of FREUD's theories on sexual life, but I will not discuss this here. I would rather say a few words about some opinions regarding the cause of Onge sterility that I heard expressed in the Andamans. Foreigners there ascribe it to the *naquinĕghĕ* – the grass-like apron worn by women. Colonists believe that this garment leads to copulation from the rear, reducing the chances of fecundation. This idea is incorrect: the Onge never do this because the *naquinĕghĕ* can be easily lifted as required, and pulled up over the abdomen. It is true that Onge women remove the *naquinĕghĕ* only to replace it with a fresh one; they wear it even when sleeping. Not for a single instant must women remain "undressed", for superstitious reasons. When a new *naquinĕghĕ* is needed, the old one is furtively disposed of. Husband and wife repair secretely to a remote part of the forest, the woman slipping the new garment over her head before removing the old one, and burying the latter, which is quickly destroyed by white ants. The Onge believe that possession by a stranger of a worn

6: Cipriani E-5 (1951-1953)1961 AZ2 Andamans AZ2
Onge

291 754 *naquinēghē* exposes the former owner to harm. Ill-disposed persons could use it for black magic practices. I collected specimens of this garment, all of them, however, brand-new – for the above-mentioned reason. To avoid trouble to the owner, nobody is allowed to touch the *naquinēghē*, which is worn in front of the vulva. To touch it is a deadly offence. Aside from the *naquinēghē*, Andaman ● 842 263 colonists attribute the natives' sterility to their abhorrence of salt. Another opinion would have it that the lack of salt transforms human saliva into poison: the Jarawas, by spitting on their arrows render them poisonous. The absurdity of this belief is so evident that it requires no confutation. The Onge refuse to eat salt because they consider it unhealthy, or, to say the least, disgusting.

III. Illnesses and Onge Curative Methods

164 Few illnesses affect the Onge, but they succumb to those few with surprising speed. Often they become seriously ill for mysterious reasons and in spite of their robust appearance. Smallpox, tuberculosis and poliomyelitis are unknown in Little Andaman, although they sometimes strike in the nearby Nicobars. Measles broke out on the island on more than one occasion, killing off all the inhabitants of several communal huts, which I later found deserted and in ruins. With regard to syphilis, the Indian Census of 1931 quotes an old remark of PORTMAN's concerning a few individuals considered by him as infected. This was later denied.

Onge women are more resistant to illness than men. Wounds heal promptly in both sexes, without the aid of remedies. A few of the older men, however, had suppurating sores on their legs, slow to disappear even when disinfected and treated by me with European medicines. No similar sores were found on women. On the other hand, women suffer more than men from ringworm, mainly in the umbilical region. Nothing is done to rid them of it because the discomfort is slight. I suggested an Indian cure made with the leaves of the neem tree, or Melia azedarach, very common in Southern Asia where it is considered sacred. I imported the plant to Little Andaman, but the Onge displayed no interest in it. I found a single instance of leucoderma, in a woman with whitish spots on her hands and lips. I could get no reliable information about the incidence of cancer, but it appears to be rare on the island. No baldness is to be seen in Little Andaman, and I found few traces of greying hair, as the Onge die young. A transversal bregmatic furrow is noticeable in all individuals, male and female, as a consequence of carrying loads hung from their heads by a strip of bark. The Onge start doing this in childhood. An artificial, unintentional deformation of the skull is the result of that uncomfortable habit.

[752] [123] [123] [142] [482]

751 302 [386] For hygienic reasons the Little Andaman aborigines paint their bodies with refined clay and ochre of various shades, mainly reddish. This gives the women occasion to embellish the bodies of their husbands with an endless variety of geometrical designs. Every year I found changes in their patterns, and I

11: Cipriani E-3 (1951-1955) 1966 AZ2 Andamans AZ2
Onges

the finger-tips and almost pink, with pale chocolate moons and yellowish-brown palms and soles. In the adults the nails and soles of the feet remain pale, the palms being a little darker. The head, and the visible buccal and nasal epithelia, were almost black, and the gums were pink, as was the inside of the lips, with dark petechiae, in adults very noticeable, at the base of the teeth and over the tongue and palate. The cheeks, however, were a reddish-brown, although the whole skin was already showing signs of darkening after twelve hours. Nasal cartilage was minimal, but that of the ears well-developed. The darkest area of skin were the forehead, eye sockets, lids, nipples and genitalia.

In general, therefore, the infant's skin was very slightly lighter than that of the adults, though before I could be sure of this I had to wash off the thick layer of ochre which is smeared over the unwashed infants immediately after birth. As the infants are extremely carefully protected from the sun by 'umbrella' hats made of lobed palm leaves, the darkening, which is complete by the end of the first year, is clearly biological and is not effected by tanning. As, however, the Onges interchange or 'adopt' children freely, it was impossible to carry out any proper colorimetric observations.

I saw no albinos in the Onges, usually fairly common in dark-skinned peoples. I saw several in Africa, with apparently normal parents. Some African peoples destroy albinos at birth as they do those with deformities, and the Andamanese may do the same, as I saw little congenital deformity (see, however, p. 46). Fear of being held responsible for disasters which befall the group carries great weight, and it is possible that the two cases of abnormality which I did see did not manifest symptoms at birth. Twins, however, are clearly (and gladly) accepted, so eager are the Onges to have children.

It was already clear in the infant that it would have the somatic characteristics common to all Negritos as regards the proportions of the body, the form and dimensions of the head, absence of prognathism, comparatively fine lips, nose and ears, black skin, and woolly hair, and would be well below 1·5 metres in height when fully grown. Above all, the Andamanese have a large forehead, very wide-angled jaw and large mouths, with the upper lips not invariably full, as in Negroes. Many Onges, in fact, have fine features,

11: Cipriani E-3 (1951-1955) 1966 AZ2 Andamans AZ2

CHAPTER FOUR

A Journey into Prehistory

842 The complete lack of hygiene of the Onges does not explain their disturbing lack of fertility. Nor can filth, smoking or loose living fully explain the sterility of the surviving Arioto.

There must be some other cause, and this in all probability is merely biological. One might call it the senescence of a race brought about by their total isolation for thousands of years, exacerbated by being broken into small endogamous units, all mutually hostile. This is not the opinion of all (the few) who have studied the Andamanese, and the problem remains to be investigated further.

262 184 842 In the Onges at least it cannot be a question of malnutrition, as I had ample opportunity of seeing during my visits to the island. Food is abundant, both the land and the sea offer an inexhaustible supply, even to the point of sustaining life, alone, if necessary, to all the Andamanese. The Jarawas are the exception. Forced away from the sea into the forests, they are dependent on one source of food, and it is therefore possible to make some attempt to calculate the maximum number of people which could be supported by their territory. In the case of the Onges, however, living amid luxuriant vegetation, with a rich source of sea food nearby, a given area can support a far higher population, and the same is true of the Jarawas cut off on North Sentinel.

The food of the Jarawas consists mainly of pork, with fresh-water fish (including some excellent carp) river molluscs and crustacea in large quantities, roots, tubers, wild fruits and honey. The Arioto, staying as they did in the coastal areas of Great Andaman, must have lived mainly off the sea.

175 161 842 262 The small population reported in the Andamans by visitors to the islands in the middle of the last century cannot therefore be

11: Cipriani E-3 (1951-1955) 1966 AZ2 Andamans AZ2

attributed to scarcity of food, nor can nutrition have had any effect on the demographic decadence. Strict endogamy over thousands of years, and fragmentation into smaller and smaller groups is perhaps a more likely explanation of the situation. The last stage has now been reached; the Arioto, for instance, who numbered six hundred and twenty-five in the 1901 census, had dwindled to twenty-three in 1955. In that year there were only two young children, a boy and a girl (of different parents) and the girl, about five years old, clearly had a Burmese father. The boy, however, named Sirake and then aged about eleven, intelligent and alert, with the very blue-black skin of the Andamanese and typical hair, may well be of pure stock. He is the only hope of continuing the ancient Arioto line, but this will be impossible unless a girl of pure stock is born shortly.

This seems unlikely. With the exception of these two couples, the Arioto appear to be sterile. I have myself seen their sorrow at being deprived of children, and one of them, named Moro, of fairly pure stock, told me of his grief. He took me to his wife, also of pure Andamanese origin, and externally as normal and healthy as her husband, but deserted by the spirits of fertility. Through no fault of their own, the cause probably lies in both of them.

In all the Andamanese, fertility seems always to have increased from the age of twenty-eight and to end by the age of forty-eight – in many cases thirty-eight, although since none of them know their age, owing to the absence of any form of counting, their deceptively youthful appearance makes assessment of age extremely difficult. I met only one woman who, as far as I could estimate, had borne seven children, and of these only three were still alive in 1954; the widespread custom by which children are transferred from one family to another, even during the period of lactation, to 'share' the enjoyment of them, made all the usual means of assessing the number of births virtually impossible. In a number of childless couples whom I saw on Little Andaman, the women are under twenty-eight and there is still hope of fertility, even if it is late. This could happen in the case of the wives of the two leaders Cocheggi and Cendubài; these two men married two sisters, among the healthiest and most beautiful women on the island, Vaghèghe and Tocuaghèghe, both under twenty-two. Neither of them has ever been pregnant, although both are apparently normal and

11: Cipriani E-3 (1951-1955) 1966 AZ2 Andamans AZ2

842 163 enjoy the active marital relationships necessary, according to their husbands, to encourage the entry of the benevolent spirits which bring motherhood. The late onset of fertility in all Andamanese 842 163 165 women and perhaps in men as well[1] probably depends on mechanisms which have been operating for a very long time, affecting the sex ratio at birth, and preferential infant mortality in one sex. [123] [124] By a combination of observation and deduction I was able to be reasonably certain that among the Onges at least more males are born than females. The disparity is reduced, though not eliminated, by a higher mortality rate in young males. Males thus remain in excess, making it difficult for some, possibly fertile, to find wives.

849 143 161 There are certain peoples – notably the Pitcairn Islanders – who have arisen by repeated inbreeding for hundreds of years from a very few individuals. It is clear from this example that genetic isolation and inbreeding cannot of themselves cause numerical, physical or mental decline of a population. The problem merits further investigation. Civilization has perhaps accused herself unjustly of causing the decline of primitive races, whereas she has in fact only hastened the disappearance of groups already heading for demographic decadence as the result of physiological factors which lie within the group itself, and which are consequently difficult to counteract. The intrinsic damage done by civilization as such has, in my opinion, been considerably exaggerated in some quarters.

855 597 Possibly because of the low birth rate the maternal instinct is very highly developed in the women of the Andamans, even to the point of 'adopting' children temporarily. These children are always given lavish affection, and are kept sometimes for years, or even permanently if the parents do not ask for them back. Given the language barrier, this custom makes census-taking difficult as childless couples happily declare adopted children as their own. Nabimbòi, with no children of her own, always had children with her, and it was only the fact that they differed from year to year that led me to suspect what was happening! One wonders whether the custom was not already common before outsiders first came to the Andamans, owing to the existence of a high incidence of sterility long before the arrival of civilization.

[1] There is some evidence of infertility in the men, but it is clear that this is of relatively minor importance.

11: Cipriani E-3 (1951-1955) 1966 AZ2 Andamans AZ2

head ornaments and religious ceremonies. In Oceania there is, too, the habit of changing personal names from time to time so prevalent among the Onges, and the existence of actual linguistic connections between Nicobarese, Andamanese, Semang, Aetà and peoples of Oceania have been demonstrated by experts.

Any differences which exist today are the result of centuries of contact with other peoples which the Semang and Aetà have experienced, unlike the Andamanese, who thus represent today the true Negritos. While life generally has changed somewhat over the centuries for the Semang and Aetà, certain typical facets of their culture have remained unaltered. Ritual cutting and distributing of game, the use of the arrow harpoon (always unfeathered) and the simple Onge-Negrito bow are still the same, despite the fact that the three groups have been separated for a very long time. Even the very absence of defensive weapons is a common feature; admittedly outside the Andamans arrows are poisoned and some may be feathered, but this is a recent and imitative innovation which is not found among the Andamanese, by virtue of their constant isolation. The persistence among the Onges of the simple bow tends to support the idea of Little Andaman as the first stage in the northward spread of the Negritos after they reached the island from Sumatra via the Nicobars. In Malacca the Semang have retained the same bow, as have the Aetà in the Philippines.

Among what may be termed similarities of physical habits is nose-rubbing as a sign of affection, found in the Andamans, in Oceania, and parts of Papuasia and Melanesia. In all these areas there is the same belief that pregnancy is due to entry of a spirit into the body, and the same habit of suckling children for as long as four years. Similar too throughout the area are the methods of 'curing' disease, such as smearing with ochre and heavy massage carried out beside a fire, swallowing of balls of ochre, and the 'smoking' of wounds, smeared with a mixture of ochre and honey. As protection from the sun or the rains (especially for the young children) crude umbrellas are made from giant palm leaves.

There are no prayers or propitiatory sacrifices to ensure health and well being, but there is throughout the area the same concept of mysterious forces to be feared, evaded, or let loose against enemies – never loved. Generally they are thought of in terms of spirits, usually active at night. There is some divergence in the